

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Facility Information**

**Facility Name:** AUBERRY HOUSE INC (0010167)

**Address:** 10320 S HUMMINGBIRD LN, OAK CREEK, WI 53154

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2004

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0095954      **End Date:** 11/01/2005      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008869    Served 12/02/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL		
83.13(7)(a)9	TRAINING AND INSERVICE REQUIREMENTS		
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING		
83.18(1)(c)	INFORM RESIDENT RECORD IS AVAILABLE		
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE		
83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE		
83.33(3)(e)2.a	WRITTEN ORDER TO ADMINISTER MEDICATIONS		
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL		

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For the period 06/01/2003 to 05/31/2006  
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CLASS CNA (NONAMBULATORY)

**Survey ID: 0093403      End Date: 09/01/2004      Type: OTHER      Purpose: COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10009026    Served 10/07/2004**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	11/01/2005	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	11/01/2005	No
83.18(3)	SAFEGUARDING OF RECORDS	11/01/2005	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	11/01/2005	Yes
83.32(1)(a)	ASSESSMENT AND ISP	11/01/2005	Yes
83.33(3)(e)2.b	INJECTIONS	11/01/2005	Yes
83.35(2)	MODIFIED OR SPECIAL DIETS	11/01/2005	Yes

**Survey ID: 0092433      End Date: 04/06/2004      Type: STANDARD      Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10008691    Served 05/01/2004**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(7)(a)9	TRAINING AND INSERVICE REQUIREMENTS	09/01/2004	Yes
83.14(1)(c)	UNIVERSAL PRECAUTIONS	09/01/2004	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	09/01/2004	No
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING	09/01/2004	Yes
83.33(3)(e)2.b	INJECTIONS	11/01/2005	Yes

**Survey ID: 0091223      End Date: 10/15/2003      Type: INITIAL      Purpose: SURVEY**

**Results: PROBATIONARY LICENSE ISSUED**

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**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Enforcement History**

**Date: 11/29/2005**      **SOD #10008869**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.13(7)(a)9

FORFEITURE---83.14(1)(d)

FORFEITURE---83.42(3)(f)

**Date: 10/06/2004**      **SOD #10009026**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.11(3)(a)

FORFEITURE---83.11(3)(a)

FORFEITURE---83.14(1)(d)

FORFEITURE---83.18(3)

FORFEITURE---83.21(4)(p)

FORFEITURE---83.33(3)(e)2.b

**Date: 04/30/2004**      **SOD #10008691**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.13(7)(a)9

FORFEITURE---83.14(1)(c)

FORFEITURE---83.14(1)(d)

FORFEITURE---83.14(2)

FORFEITURE---83.33(3)(e)2.b

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**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Complaint History**

**Date Complaint Received: 09/02/2005**

**Date Investigation Completed: 11/01/2005**

Subject Area(s)

ADMINISTRATION

Result

SUBSTANTIATED

SOD #

10008869

**Date Complaint Received: 06/11/2004**

**Date Investigation Completed: 07/23/2004**

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

10009002

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